EXHIBIT C

UNITED STATES BANKRUPTCY COURT DISTRICT OF NEVADA PROOF OF CLAIM				
Name of Debtor USA COMMERCIAL MORTGAGE Co. Case Number D6-10725				THOSE STOCKING
NOTE This form should not be used to make a claim for an administrative expense material to the case. A "request for payment of an administrative expense materials of the case."	strative exp by be filed	pursuant to 11 U.S.	ne commencement C § 503	
Name of Creditor (The person or other entity to whom the dubtor owes money or property) NORMAN TEETER Name and address where notices should be sent	else you giv	cck box if you are average has filed a proof of relaim. Attach coping particulars inches box if you have been from the bankri	claim relating to y of statement	
ROBERT C. LEPOME 10/20 S. EASTERN # 200 HENDERSON, NV 99.52 Telephone number (702) 492-127/ Last four digits of account or other number by which creditor	cas Che add the		s differs from the e sent to you by	THIS SPACE IS FOR COURT USE ONEY
identifies debtar 275 (ONE of The)		is claim amend		d claim, dated
1 Basis for Clarm ☐ Goods sold ☐ Services performed ☐ Money loaned ☐ Personal injury/wrongful death ☐ Taxes ☐ Other ☐ PERSONAL FRAUD	feurce 4	Wages, salar Last four di Unpaid con		ices performed
2. Date debt was incurred JAN 1, 2005 To APRIL 12, 2006	3.	If court judgme	nt, date obtained	
4 Classification of Claim. Check the appropriate box or boxes the See reverse side for important explanations. Unsecured Nonpriority Claim \$	r claim, or none or which is	Secured Claim Check this a right of setoff) Brief Desc Real E Value of C Amount of arreat secured claim if Up to \$2 225* of cor services for pers \$507(a)(7) Taxes or penalties Other - Specify approunts are subject to	box if your claim is proposed to government on 4/1/10 adjustment on 4/1/10 box if your claim is proposed to government on adjustment on 4/1/10 box if your conditions and your conditions are proposed to adjustment on 4/1/10 box adjustment on 4/1/1	secured by collateral (including
5 Total Amount of Claim at Time Case Filed	S	136,246		136,246
Check this box if claim includes interest or other charges in add interest or additional charges.			of the claim Attach	лопty) (Total) n itemized statement of all
6. Credits The amount of all payments on this claim has been making this proof of claim 7 Supporting Documents Attach copies of supporting docume orders invoices itemized statements of running accounts, contra agreements and evidence of perfection of lien DO NOT SENI documents are not available explain. If the documents are volum 8 Date-Stamped Copy. To receive an acknowledgment of the fill addressed envelope and copy of this proof of claim. Date Sign and print the name and title if any of the fill this claim (attach copy of power of attorname).	conts, such court of ORIGIN nanous att	as promissory notes udgments, mortgag IAL DOCUMENT ach a summary r claim enclose a si	s, purchase ges, security S If the tamped, self- thorized to	THEN SPACE IS ITER COUNT USE ONLY
Penalty for presenting fraudulens claim. Fine of up to \$500 000 or		OR GLAIN	HANT	USA CMC

gradien der Germanne	PROOF OF CLAIM				
Name of Debtor		Case Nu	ımber		
U S A COMMERCIAL M	ORTGAGE COMPANY	06-10725-LBR			
	ake a claim for an administrative exp the case A "request" for payment		Check box if you are aware that anyone else has filed a proof of claim relating to		
Name of Creditor and Add			your claim. Attach copy of statement giving particulars.		
NORMAN TE 4201 VIA M MARINA DEL	ETER MARINA #30 REY, CA 90292	0	Check box if you have never received any notices from the benkruptcy court or BMC Group in this case Check box if this address differs from the address on the envelope sent to you by the	SECURED INTERE ONE OF THE DEB If you have airse	S PROOF OF CLAIM FOR A ST IN A BORROWER THAT IS NOT TORS ady filed a proof of claim with the r BMC you do not need to file again
Creditor Telephone Number (court.	THIS SPACE	IS FOR COURT USE ONLY
Last four digits of account or other / 0	number by which creditor identifies	debtor	Check here replace of this claim amen	 a previously f 	iled claim dated
1 BASIS FOR CLAIM		Retiree t	benefits as defined in 11 U S	C § 1114(a)	Unremitted principal
	Personal injury/wrongful death	Wages	salaries and compensation (fill out below)	Other claims against service
	Taxes	Last four	r digits of your SS #		(not for loan balances)
Money loaned	Other (describe briefly) See Exhibit A	Unpaid o	compensation for services pe	rformed from _	(date) (date)
2 DATE DEBT WAS INCURRED 4 CLASSIFICATION OF CLAIM	/2//6/2002 Check the appropriate box or boxes tha		OURT JUDGMENT, DATE C		two case fled
See reverse side for important evolu-	netions	it nast dasci	•	Cut Of Dis Crists St av	s will case med
UNSECURED NONPRIORITY CL	AIM \$ 299.663 PY		SECURED CLAIM SET Check this box if w	niir claim is secure	d by collateral (including
Theck this box if a) there is no co	illateral or lien securing your claim or b) securing it or if c) none or only part of your control of the contr		a right of setoff) Brief description of		a by constant including
UNSECURED PRIORITY CLAIM			Real Estate	_	Other
Check this box if you have an uns entitled to priority	ecured claim all or part of which is		Value of Collateral	_	
Amount entitled to priority	\$		Amount of arrearage ar	nd other charges	at time case filed included in
Specify the priority of the claim.		_	secured claim, if any	• -> /88	
·· ·	er 11 U S C § 507(a)(1)(A) or (a)(1)(B)	L	Up to \$2,225° of deposits town services for personal family of		
before filing of the bankruptcy pet		, c	Taxes or penalties owed to go		
business whichever is earlier 11 Contributions to an employee ben			Other Specify applicable pan		• • • • • • • • • • • • • • • • • • • •
Controllers to an employee on	and plant 11000 3 201/aX2)		* Amounts are subject to adjust with respect to cases comment		
5 TOTAL AMOUNT OF CLAIM	\$ 299.663.64 \$	2996	63.64 \$		\$ 299,663,64
AT TIME CASE FILED	(unsecured)	,	secured)	(priority)	(Total)
Check this box if claim includes it	nterest or other charges in addition to the	he principal	amount of the claim. Attach ite	mized statement of	all interest or additional charges
7 SUPPORTING DOCUMENT running accounts contracts co	ayments on this claim has been cre S <u>Attach copies of supporting doci-</u> urt judgments mortgages security a ts are not available explain if the	<i>uments,</i> so agreement	uch as promissory notes pure ts and evidence of perfection	chase orders invo	ices itemized statements of
	To receive an acknowledgment of th				envelope and copy of this
The original of this complete	d proof of claim form must be sen	t by mall	or hand delivered (FAXES N	IOT	THIS SPACE FOR COURT
for each person or entity (inc	ally received on or before 5 00 pm luding individuals, partnerships, (USE ONLY
governmental units) BY MAIL TO BMC Group		BY HAND	OR OVERNIGHT DELIVERY TO	,	
Attn USACM Claims Docketing	Center	BMC Gro Attn US	iup ACM Claims Docketing Cente	r FII FI	JAN 1 2 2007
P O Box 911 El Segundo CA 90245-0911			st Franklin Avenue do CA 90245	1 16-64	OFIN I W COO!
	and print the name and title if any of the	he creditor o	r other person authorized to file		
11/2/2022	this claim (attach copy of power of attor	mey if any)	7-7-	<u> </u>	USA CMC
Wo I No	RMAN TEETER) wom	nan veere	<u></u>	

Penalty for presenting fraudulent claim is a fine of up to \$500 000 or imprisonment for up to 5 years or both 18 U.S.C. §§ 152 AND 3571

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FORM B10 (Official Form 10) (10/05)

United States Bankrupicy Court		Distric i	01	Nevada	DDOOL OF OLVIN
Name of Dubtor		ase Numbe	r		PROOF OF CLAIM
USA Commercial Mortgage Co				0725-1BR	4
NOTE This form should not be used to make a Claim for an adminis of the case. A request for payment of an administrative expense ma					
Name of Creditor (The person or other entity to whom the				u are aware that anyone proof of claim relating to	
debtor owes money or property) TERRY MARKWELL TRUSTEE OF the TERRYMARKWELL		your claim	Att	ach copy of statement	
PROFIT Spaning Plan & TRUST	П	giving part Check box		rs ou have never received any	,
Name and address where notices should be sent TERRY MARKWELL				bankruptcy court in this	
VATUS SILVER WOLF ROAD REND, NY 89511		Check box		address differs from the	
Telephone number 775-8536959		the court		envelope sent to you by	THIS SPACE IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor identifies debtor	1	Check here if this clair		replaces amends a previously fi	led claim dated
1 Basis for Claim				ree benefits as defined in	* * * * * * * * * * * * * * * * * * * *
Goods sold Services performed		Ц	Last	es salaries and compen four digits of your SS #	The state of the s
Money loaned Personal injury/wrongful death				aid compensation for se	•
Taxes OFF Endishing			fron	1 (date)	to(date)
2 Date debt was incurred		3 If c	ourt	judgment, date obtaine	ų
12-15-2004		- 110	J41 L	Janginoni, uait viitaliit	
4 Classification of Claim Check the appropriate box or boxes if Sec reverse side for important explanations	nat bes				nt of the claim at the time case filed
Unsecured Nonpriority Claim \$ 403, 853.21				l Claim	
Check this box it a) there is no collateral or lien securing you by your claim exceeds the value of the property securing it or if c) only part of your claim is entitled to priority	ir clair none (ПОГІ аті	ght c	of setoff)	is secured by collateral (including
Unsecured Priority Claim			-	rief Description of Collate Real Estate Moto	
Check this box if you have an unsecured claim all or part of	which			alue of Collateral \$44	. L.J
entitled to priority	***************************************	An			arges at time case filed included in
Amount entitled to priority \$		sec	ured	claim if any \$_779	4.4.3
Specify the priority of the claim					urchase lease or rental of property household use - 11 USC
Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) (a)(1)(B)	or	§ 50°	7(a)(7)	
Wages salaries or commissions (up to \$10 000) * earned with	in 180	-			nental units 11 U S C § 507(a)(8) oh of 11 U S C § 507(a)()
days before filing of the bankruptcy petition or cessation of the deb business whichever is earlier 11 USC § 507(a)(4)	cor s	*Amounts	s are	subject to adjustment on	4/1/07 and every 3 years thereafter
Contributions to an employee benefit plan 11 USC § 507(a)(5)	with.	respe	ct to cases commenced of	n or after the date of adjustment
5 Total Amount of Claim at Time Case Filed			85	3.21#403853.2/ (secured)	#403853.21 (prionty) (Total)
Check this box if claim includes interest or other charges in addition to the principal amount of the claim. Attach itemized statement of all interest or additional charges.					
6 Credits The amount of all payments on this claim has bee making this proof of claim	n cred	ited and de	duct	ed for the purpose of	THIS SLACE IS FOR COURT USE ONLY
7 Supporting Documents Attach copies of supporting documents such as promissory notes, purchase					
orders invoices itemized statements of running accounts contracts court judgments mortgages, security					
agreements and evidence of perfection of lien. DO NOT SEND ORIGINAL DOCUMENTS If the ED JAN 1 0 2007 documents are not available explain. If the documents are voluminous, attach a summary.					
Date-Stamped Copy To receive an acknowledgment of the faddressed envelope and copy of this proof of claim	8 Date-Stamped Copy To receive an acknowledgment of the filing of your claim, enclose a stamped self-				
Date Sign and print the name and title if any of	the cr	editor or of	her r	person authorized to	
file this claim (attach copy of power of attorney if any)					
17 Herry Markell	154	ste	9		USA CMC
Penulty for presenting transfer than Fine of up to \$500 000 o	rımpr	isonment fo	or up	to 5 years or both 18 t	1072501969

FORM B10 (Official Form 10) (10/05)

United States Bankruptcy Court	D	rnier e	v. Neue 4-	
	DIS	KICT O	F Nevada	PROOF OF CLAIM
Name of Debtor		Number		
USA Commercial Mortcace Con			10725-LB	
NOTH This form should not be used to make a claim for an administrative expense material to the case. A request for payment of an administrative expense materials are the case.	strative exp	ense arisi	ng after the commencemen	nt .
or the care or request for payment of an administrative expense ma	y or med)	Juisuani I	U 11 U 3 C. 9 3U1	
Name of Creditor (The person or other entity to whom the			you are aware that anyone	
Tarry R. Helms Living Trust			a proof of claim relating t attach copy of statement	0
dated Willey		g particu		
Nam			you have never received a	
Terry Helms 809 Upland Bivd	case		the bankruptcy court in the	ois
Las Vegas, NV 89107 3719	Che	k box if	the address differs from th	e i
Telephone number 702 - 258 1044	1	ess on the court.	e envelope sent to you by	THIS SPACE IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor		k here	replaces	
identifies debtor	if the	s claim	amends a previously	filed claim dated
1 Basis for Claim		Re	tiree benefits as defined	ın USC §
Goods sold			ages salaries and composit four digits of your SS	
Services performed Money loaned			ist four digits of your SS ipaid compensation for	
Personal injury/wrongful death			om	,
Taxes See Exhibit		•••	(date)	(date)
2. Date debt was incurred	3.	If com-	t judgment, date obtai	
Z. Date debt was incurred] 3.	II COUI	r Judgment, ante ootni	hen
4 Classification of Claim. Check the appropriate box or boxes th	hat best des	cribe Von	r claim and state the amo	unt of the claum at the time care filed
See reverse side for important explanations			ed Claum	and of the claim at the time case men
Unaccured Nonpriority Claim \$5577877.40				
Check this box if a) there is no collateral or lien securing you b) your claim exceeds the value of the property securing it, or if c)	ır claım, or	a right	Check this box if your cla of setoff)	im is secured by collateral (including
only part of your claim is entitled to priority	none or		Brief Description of Colle	steral
Unsecured Priority Claim		_	7 /	tor Vehicle Other
Check this box if you have an unsecured claim all or part of v	which is			UNKNOWN
entitled to priority	WILLELI 18	Amou	nt of arrearage and other	charges at time case filed included in
Amount entitled to priority \$		secure	d claim if any \$82	,655 56
Specify the priority of the claim	П	Up to \$2	.225* of deposits toward	purchase lease or rental of property
Domestic support obligations under 11 U S C § 507(a)(1)(A) of	L	or service	es for personal family o	r household use 11 USC
(a)(1)(B) Taxes or penalties owed to governmental units - 11 [1.5 C. 8.507(a)(8)]				
Wages salaries, or commissions (up to \$10 000),* carned with	ın 180 ├		_	
Wages salaries, or commissions (up to \$10 000),* earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's business whichever is earlier 11 USC § 507(a)(4) *Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter				
Contributions to an employee benefit plan 11 U S C § 507(a)(5) *Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment.				
5 Total Amount of Claim at Time Case Filed	-/-/	5527	877,405577877	557787740
Prost.		(unaccus	d) (secured)	(priority) (Total)
Check this box if claim includes interest or other charges in add interest or additional charges.	dition to th	e princip	al amount of the claim A	attach itemized statement of all
6. Credits The amount of all payments on this claim has beer	n credited a	nd deduc	ted for the number of	To Some and Co. 11 C
making this proof of claim	viille a	46446	and not one harbose of	THIS SPACE IS FOR COURT USE ONLY
7 Supporting Documents Attach copies of supporting docum	tents, such	as promis	ssory notes purchase	1
orders invoices itemized statements of running accounts contracts, court judgments mortgages, security				
agreements and evidence of perfection of lien DO NOT SEND ORIGINAL DOCUMENTS If the documents are not available explain If the documents are voluminous, attach a summary				
8. Date-Stamped Copy To receive an acknowledgment of the fi				TILLED VIII.
addressed envelope and copy of this proof of claim				
Date Sign and print the name and title, if any, of	the creditor	or other	person authorized to	1
file this claim (attach copy of power of atto	466	7	e	USA CMC
111101 Terry RHelms	True -	40	-e	

Cas	96 00-10123-0WZ _ DOC 0430)-O L	ICELEO OOLTOLTT TI	.UU.42 Fo	UE O UL LZ
	Case 06-10725-ibr Claim PROOF OF CLAIM				43
Name of Debtor:	t pail in Parvette, artika magin liker persegan hill i menin liker i persegan liker mengebenan. Terapa	Case Nu	mber:		
	Mortgage Company	06-107	25-LBR		
This form should not be use arising after the commence	st of Debtors and Case Numbers. ed to make a claim for an administrative expense of the case. A "request" for payment by be filed pursuant to 11 U.S.C. § 503.	pense of an	Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of		LY OWED MONEY BY A BORROWER S BEING SERVICED BY THE
Name of Creditor and Address: 11321242039226 TOM, STERLING			statement giving particulars. Check box if you have never received any notices from the bankruptcy court or	OF CLAIM. THIS BORROWER HE	DO NOT HAVE TO FILE A PROOF INCLUDES MONEY FROM THAT LD IN THE COLLECTION ACCOUNT.
	S NV 89134		BMC Group in this case. Check box if this address differs from the address on the	SECURED INTER ONE OF THE DE If you have air	REST IN A BORROWER THAT IS NOT
Creditor Telephone Number	170% 1E1 000V		envelope sent to you by the court.	1 ' '	E IS FOR COURT USE ONLY
	or other number by which creditor identifies	debtor:	Charle have Trepla		
4936,	4214 Freign Dair Vailey, Mr. Ander Vini	events for	if this claim amer	a previously	/ filed claim dated:
1. BASIS FOR CLAIM Goods sold	Personal injury/wrongful death		enefits as defined in 11 U.S.	-	Unremitted principal
Services performed	Taxes	, .	salaries, and compensation (fill out below)	Other claims against servicer (not for loan balances)
Money loaned	Other (describe briefly)		digits of your SS#:		
Moriey loaned	Li Oriei (describe brieny)	Опрака с	ompensation for services pe	HOMBE HOM:	(date) to
2. DATE DEBT WAS INCU	RRED:	3. IF C	DURT JUDGMENT, DATE O	BTAINED:	(osic)
	LAIM. Check the appropriate box or boxes that	t best descri	be your claim and state the amo	unt of the claim at	the time case filed.
See reverse side for importa			SECURED CLAIM		
UNSECURED NONPRIOR	is no collateral or lien securing your claim, or b)	vour claim	Check this box if y	our claim is secu	red by collateral (including
exceeds the value of the	property securing it, or if c) none or only part of y	our claim is	a right of setoff).		
entitled to priority. UNSECURED PRIORITY C	I AIM		Brief description of		·
	e an unsecured claim, all or part of which is		Real Estate	Motor Vehick	Other
entitled to priority.	,		Value of Collateral	s unk	hown
Amount entitled to priority Specify the priority of the			Amount of arrearage at secured claim, if any:	nd other charges	at time case filed included in
	ions under 11 U.S.C. § 507(a)(1)(A) or (a)(1)(B)		Up to \$2,225" of deposits town	ard purchase, lease	o, or rental of property or
Wages, salaries, or comm	aissions (up to \$10,000)*, earned within 180 days	, <u> </u>	services for personal, family, o		
before filing of the bankru business, whichever is ea	ptcy petition or cessation of the debtor's after - 11 U.S.C. § 507(a)(4).	닏	Taxes or penalties owed to go		7
Contributions to an emplo	yee benefit plan - 11 U.S.C. § 507(a)(5).		Other - Specify applicable par * Amounts are subject to adju-	• .	• , , ,
			with respect to cases commer		
5. TOTAL AMOUNT OF CL AT TIME CASE FILED:	T 7	150,00	0 \$		\$ 150,000
	(unsecured)	•	ecured)	(priority)	(Total)
Check this box if claim in	cludes interest or other charges in addition to the	ne principal	amount of the claim. Attach ite	mized statement o	of all interest or additional charges.
7. SUPPORTING DOCU	of all payments on this claim has been cre MENTS: <u>Attach copies of supporting doc</u>	uments, su	ch as promissory notes, pur	chase orders, inv	oices, itemized statements of
	acts, court judgments, mortgages, security occurrents are not available, explain. If the o				T SEND ORIGINAL
proof of claim.	PY: To receive an acknowledgment of the				l envelope and copy of this
ACCEPTED) so that it	mpleted proof of claim form must be sen is actually received on or before 5:00 pm ity (including individuals, partnerships, (o, prevailio	g Pacific time, on Novemb	er 13, 2006	THIS SPACE FOR COURT USE ONLY
governmental units). BY MAIL TO:	Manufacture of the Community of the Comm	BY HAND	OR OVERNIGHT DELIVERY TO) <u>.</u>	
BMC Group Attn: USACM Claims Do	organica Senter	BMC Grou	ip CM Claims Docketing Cente	4	and the first state was the contract the self- and the contract the self-self-self-self-self-self-self-self-
P. O. Box 911	- Control	1330 East	Franklin Avenue		1
El Segundo, CA 90245-			lo, CA 90245		1
DATE	SIGN and print the name and title, if any, of the this claim (attach copy of power of attor		other person authorized to file		
10/26/06	Sterling Tom		STERLING	TOM	

	Case C	06-10725	-gwz D	oc 8453-	3 <u>E</u> nt	ered 06/13/11	<u> 17:0</u>)6:42 Pa	age 7 of 12	
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Name of Debt	excral	Must gas	getompa	ny	1	10725-4	ZR			
and aff	riliate	ed de	phors	,		elated cas				
NOTE See Reve	erse for List	of Debtors ar	nd Case Numb							
This form should arising after the or						Check box if you a aware that anyone else				
administrative exp					or un	filed a proof of claim rei your claim. Attach cop				
Name of Cred	ditor and	Address				statement giving partic				
Pensco-	Trust	Co.Inc.	, \$130 iu	BERT W	, NLM	Check box if you h	ave			
						never received any noti from the bankruptcy co	ices [DO NOT EILE T	HIS PROOF OF CLA	SM FOR A
414 M	cenine	sylving	ICOL.			BMC Group in this case		SECURED INTE	REST IN A BORRO	
STN	nary s	S, GA	31558			Check box if this a		ONE OF THE DI	EBTOKS Fready filed a proof of	claim with the
	رب	_ ,				differs from the address envelope sent to you by			rt or BMC you do not	
Creditor Telephor	ne Number	114 67	3-002	-0		court.		THIS SPA	CE IS FOR COUR	T USE ONLY
Last four digits of	account or	other number	r by which cred	litor identifies	debtor	Check here	replac	es a provincia	h. Stad Alaum datad	
3748						if this claim	ameno		ly filed claim dated C-the ria nt	
1 BASIS FOR CI	LAIM				Retiree b	enefits as defined in	11 U S (☑ Unremitted	
Goods sold		Persona	al injury/wrongf	ful death	-	alanes, and compens				s against servicei
Services per	rformed	Taxes		L.,	4	digits of your SS #			(not for loar	i balances)
Money loan	ed	Other (d	lescribe bnefly)	Unpaid o	ompensation for servi	ices peri	formed from (10(01,2003 to	ONGOING
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2 DATE DEBT W						OURT JÚDGMENT, D				
4 CLASSIFICATI See reverse side			he appropriate b	ox or boxes tha	it best descri	be your claim and state t	the amou	int of the claim at	the time case filed	
UNSECURED N	•	-	48.0	00		SECURED CLA				
			x lien securing y			langer of the second		ur ciaim is seci	ured by collateral (ncluding
exceeds the vi		operty securing	it, or if c) none i	or only part of y	our claim; is	a right of se Bnef descrip	-	collateral		
UNSECURED PR	RIORITY CL	AIM				- Aller		Motor Vehicl	le 🗍 Other	
Check this box entitled to pno	-	an unsecured c	all or part of	of which is		Value of Co			(100	
Amount entitle	-	•				J				ـــ الحادة والعامد ا
Specify the pri		Sum				secured claim if	fany \$	Contino	s at time case filed	i included in
the same of the sa			S C § 507(a)(1)(A) or (a)(1)(B)		Up to \$2 225* of depo	sits fower	rd nurrhaea leas	a or rental of proper	by or
1	-		0 000)* earned		-	services for personal				
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lm			11 U S C § 50)7(a)(5)	لـا	Other Specify applica				-
		,	• •			* Amounts are subject with respect to cases of	to adjust commend	ment on 4/1/07 a ed on or after the	and every 3 years the e date of adjustment	reafter
5. TOTAL AMOU		IM \$ Co	ntinger	W \$	unliqu	idated \$	Clo	lim	\$	
AT TIME CAS	E FILED		(unsecured	1)	(s	ecured)		(pnonty)		(Total)
Check this box	of claim inclu	ides interest o	r other charges	in addition to th	e principal a	imount of the claim At	tach item	nized statement	of all interest or add	tional charges
6 CREDITS Th	e amount o	f all payments	s on this claim	has been cred	dited and d	educted for the purpo	se of ma	aking this proof	of claim	
7 SUPPORTIN	G DOCUN	IENTS Atta	ch copies of su	ipporting doci	<i>iments,</i> su	ch as promissory note	es purch	nase orders in	voices itemized sta	atements of
						and evidence of per are voluminous attac			OT SEND ORIGINA	AL.
8 DATE-STAM				•		our claim enclose a s			d envelope and co	py of this
proof of claim	4.0	a a sar kamani			t for most a		VEO N			
ACCEPTED) s	so that it is	actually rece	eived on or be	fore 5 00 pm	prevailing	r hand delivered (FA g Pacific time, on No is joint ventures tri	ovembe	r 13, 2006	1	FOR COURT ONLY
governmental	-	1			•	•				C none
BY MAIL TO BMC Group		_			BMC Grou	2		FILE	D NOV O	6 2006
Afth USACM (Claims Dock	keting Center				CM Claims Docketing Franklin Avenue	Center			
El Segundo C	A 90245 09	11				o CA 90245			J	
DATE	18	SIGN and prin	the name and i	tile If any of the	e creditor or	other person authorized	to file		USA	CMC
1 milaile	2006	II II S SHAN	n (attach eopy o	1 1 . 9	त्यम् ॥ वति प्र)					
11 01	2006	(1)	wms h	1 min					10725	J 1043

3M B10 (Official Form 10) (10/05)

UNITED STAILS BANKRUPICY COURT	District of Nevada	PROOF OF CLAIM
Name of Dubtor USA Commercial Mortgage Company	Case Number 06-10725-LBR	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
NOTE This form should not be used to make a claim for an administ of the case. A request for payment of an administrative expense ma		
Name of Creditor (The person or other entity to whom the dubtor owes money or property) Robert W Ulm, an unmarried man	Check box if you are aware that anyone else has filed a proof of claim relating to your claim Attach copy of statement giving particulars	
Name and address where notices should be sent Robert W Ulm 414 Morning Glory Road	Check box if you have never received any notices from the bankruptcy court in this case	
St Marys GA 31558 Telephone number 912-673-6020	Check box if the address differs from the address on the envelope sent to you by the court	THIS SPACE IS FOR COURT USE ONLY
Last four digits of account or other number by which creditor identifies debtor 3748	Check here replaces amends a previously file	ed claim dated
Basis for Claim Goods sold Services performed Money loaned Personal injury/wrongful death Taxes Other	Retiree benefits as defined in I Wages salaries and compensa Last four digits of your SS # Unpaid compensation for serv from	ation (fill out below)
2. Date debt was incurred 02/02/04 and subsequent	3 If court judgment, date obtained	
4 Classification of Claim Check the appropriate box or boxes the Sec reverse side for important explanations Unsecured Nonpriority Claim \$ Unknown Check this box if a) there is no collateral or lien securing you be your claim exceeds the value of the property securing it or if c) is only part of your claim is entitled to priority Unsecured Priority Claim Check this box if you have an unsecured claim all or part of we entitled to priority Amount entitled to priority \$ Specify the priority of the claim Domestic support obligations under 11 U S C \$ 507(a)(1)(A) or (a)(1)(B) Wages salaries or commissions (up to \$10 000),* earned within days before filing of the bankruptcy petition or cessation of the debte business whichever is earlier \$11 U S C \$ 507(a)(4) Contributions to an employee benefit plan - 11 U S C \$ 507(a) Total Amount of Claim at Time Case Filed	Secured Claim Check this box if your claim is a right of setoff) Brief Description of Collatera Value of Collateral \$ Un Amount of arrearage and other char secured claim if any \$ Unknown Up to \$2 225* of deposits toward pur or services for personal family or hor \$507(a)(7) Taxes or penalties owed to government on \$507(a)(7) Taxes or penalties owed to government on \$470 with respect to cases commenced on \$470 with respect to cases comme	s secured by collateral (including al Vehicle Other—known reges at time case filed included in Nn rechase lease or rental of property busehold use - 11 U S C intal units - 11 U S C § 507(a)(8) of 11 U S C § 507(a)() 1107 and every 3 years thereafter
Check this box if claim includes interest or other charges in additional charges	lition to the principal amount of the claim Attac	h itemized statement of all
 6. Credits The amount of all payments on this claim has been making this proof of claim 7 Supporting Documents Attach copies of supporting documents or invoices itemized statements of running accounts contral agreements and evidence of perfection of lien DO NOT SEN documents are not available explain. If the documents are voluments are voluments. 	ents, such as promissory notes purchase acts court judgments mortgages security ID ORIGINAL DOCUMENTS If the	THIS SPACE IS FOR COURT USE ONLY
8 Date-Stamped Copy To receive an acknowledgment of the fill addressed envelope and copy of this proof of claim	ling of your claim enclose a stamped self-	3 JAN 11 2007
O1/08/06 Sign and frint the name and title, if any of the file this claim (attach copy of power of attor	he creditor or other person authorized to mey if any)	USA CMC 1072502089

FORM B10 (Official Form 10) (10/05)

UNITED STATES BANKRUPTCY COURT	District of Neva	ıda	DDOOL OF CLAIM	
Name of Debtor	PROOF OF CLAIM			
USA Commercial Mortgage Company]			
NOTF This form should not be used to make a claim for an admini of the ease. A request for payment of an administrative expense in				
Name of Creditor (The person or other entity to whom the debtor owes money or property). Weible 1981 Trust Dated 6/30/81	Check box if you are avelse has filed a proof of			
C/O Ardis Weible & Dean F Weible Co-Trustees	your claim Attach copy giving particulars	y of statement		
Name and address where notices should be sent	Check box if you have r	never received any		
Ardıs Weible	notices from the bankru case	iptcy court in this		
6314 Tara Ave Las Vegas, NV 89146	Check box if the address			
Telephone number 702-876-1094	address on the envelope the court	sent to you by	THIS SPACE IS FOR COURT USE ONLY	
Last four digits of account or other number by which creditor identifies debtor	Check here ✓ replace	s	12/12/2006	
			claim dated 12/12/2006	
1 Rasis for Claim Goods sold		efits as defined in 11 ries and compensati		
Services performed	Last four dig	gits of your SS #	· · · · · · · · · · · · · · · · · · ·	
✓ Money loaned Personal injury/wrongful death	•	pensation for service	•	
Taxes See Exhibit A	from	to	(date)	
A Order	2 50			
2 Date debt was incurred 6/15/2004	3. If court judgme	ent, date obtained		
4 Classification of Claim. Check the appropriate box or boxes the See reverse side for important explanations. Unsecured Nonpriority Claim \$ 277,838 39. ✓ Check this box if a) there is no collateral or lien securing you b) your claim exceeds the value of the property securing it, or if c) only part of your claim is entitled to priority. Unsecured Priority Claim. — Check this box if you have an unsecured claim all or part of ventitled to priority. Amount entitled to priority. Specify the priority of the claim. — Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) of (a)(1)(B). — Wages salaries or commissions (up to \$10,000) * earned within days before filing of the bankrupicy petition or cessation of the debt business whichever is earlier. 11 U.S.C. § 507(a)(4). — Contributions to an employee benefit plan - 11 U.S.C. § 507(a) (a)(b) C.S.C.C.C.C.C.C.C.C.C.C.C.C.C.C.C.C.C.C	Secured Claim Check this a right of setoff) Brief Descured Secured Claim Real Estoric Secured Claim if Up to \$2 225* of dor services for pers \$507(a)(7) Taxes or penalties (with respect to case of the secured Secured Claim if 277.838 39	box if your claim is something the property of Collateral \$\text{Unkr} rage and other charge from \$\frac{3,784.41}{2}\$ deposits toward purchasonal family or house to government plicable paragraph of the paragraph of the commenced on or \$\text{277.838.39}\$	ehicle Other————————————————————————————————————	
interest or additional charges 6 Credits The amount of all payments on this claim has been				
making this proof of claim			HIS SPACE IS FOR COURT USE ONLY	
 Supporting Documents Attach copies of supporting documents such as promissory notes purchase orders invoices itemized statements of running accounts contracts court judgments mortgages securified. JAN 17 2007 agreements and evidence of perfection of lien DO NOT SEND ORIGINAL DOCUMENTS If the documents are not available explain. If the documents are voluminous attach a summary. Date-Stamped Copy. To receive an acknowledgment of the filing of your claim, enclose a stamped self-addressed envelope and copy of this proof of claim. 				
Date Sign and print the name and title if any, of t file this claim (attach copy of power of attor	creditor or other person aut	thorized to		
1/12/07	<i>yy</i> /	•	USA CMC	

FORM B10 (Official Form 10) (10/05)					
UNITED STATES BANKRUPTCY COURT, DISTRICT OF	NEVADA		PROOF OF CLAIM		
Name of Debtor	Case Numl	ber			
USA COMMERCIAL MORTGAGE COMPANY	06-107	725			
NOTE This form should not be used to make a claim for an administrative case 4 request" for payment of an administrative expense may be filed g					
Name of Creditor (The person or other entity to whom the debto owes money or property)	else has	ox if you are aware that anyone filed a proof of claim relating			
CYNTHIA WINTER		claim Attach copy of statement particulars			
Name & address where notices should be sent	□ Check b	oox if you have never received			
JANET L CHUBB, ESQ		ces from the bankruptcy court			
I JONES VARGAS PO BOX 281	in this c	ase oox if the address differs from			
RENO, NV 89504-0281		ress on the envelope sent to you	More Co., an ann Carrent Im Cons		
Telephone number 775-786-5000	by the		THIS SPACE FOR COURT USE ONLY		
Last four digits of account or other number by which creditor identifies debtor 500953 5		e □ replaces n □ amends a previously filed	claim, dated		
1 BASIS FOR CLAIM	□ R	tetiree benefits as defined in 11 l	USC § 1114(a)		
☐ Goods sold		ages, salaries, and compensation			
☐ Services performed		ast four digits of your SS # Inpaid compensation for service			
☐ Money loaned ☐ Personal mjury/wrongful death		mpaid compensation for service	s performed from		
□ Taxes	fi	rom to			
■ Other DEBTOR S BREACHES (see adversary complain			(date)		
2 Date debt was incurred	3 If c	ourt judgment, date obtamed			
2003-2005	that have done		and of the alarm of the time come		
4 Classification of Claim Check the appropriate box or boxes filed. See reverse side for important explanations	that best desc	cribe your claim and state the am	iount of the claim at the time case		
Unsecured Nonpriority Claim \$ 866,666 67 + accrued interes	t less any	Secured Claim			
postpetition payments received		☐ Check this box if your cla	· · · · · · · · · · · · · · · · · · ·		
(including a right of setoff)					
b) your claim exceeds the value of the property securing it, or if of		Brief description of colla	or Vehicle D Other		
only part of your claim is entitled to priority		Value of Collateral \$			
Unsecured Priority Claim Check this box if you have an unsecured claim, all or part of entitled to priority	which is	Amount of arrearage and other included in secured claim, if			
Amount entitled to priority \$					
Specify the priority of the claim Up to \$2,225* of deposits toward purchase, lease or rental of property or services for personal, family or household use - 11					
Domestic support obligations un 11 USC § 507(a)(1)(A) or (a)(1)(3) U	S C § 507(a)(7)			
Wages, salaries, or commissions (up to \$10,000),* earned with 180 days before filing of the bankruptcy petition, or cessation of	հո 50	xes or penalties owed to governi 97(a)(8)	nental units - 11 0 5 C 9		
debtor's business whichever is earlier 11 U S C § 507(a)(4)					
□ Cont ibutions to an employee benefit plan - 11 U S C § 507(a)(4) *Amounts are subject to adjustment on 4/1/98 and every3 years thereafter with respect to cases commenced on or after the date of adjustment					
	666,67 +/- nsecured)	(secured) (pri	sority) (Total)		
☐ Check this box if claim includes interest or other charges in a	ddition to the	principal amount of the claim.	Attach itemized statement of all		
nterest or additional charges 6 Credits The amount of all payments on this claim has been continuous.	redited and de	educted for the numose of make	THIS SPACE IS FOR COURT USE ONLY		
this appet of claim SEE ABOVE		• •	-5		
7 Supporting documents Attach copies of supporting documents such as promissory notes purchase orders [[]] DEU U 9 ZUUC					
invoices, heritized statements of furniting accounts, contracts, con	and evidence of perfection of here. DO NOTSEND ORIGINAL DOCUMENTS, If the documents are not				
available explain If the documents are voluminous, attach a summary					
8 Date-Stamped copy To receive an acknowledgment of the filing of your claim, enclose a stamped, self- 1072501663					
addressed envelope and a copy of this proof of claim. Date Sign and print the name and title, if any, of the creditor or other person authorized to file this					
claim (attach copy of power of attorney, if anv)		•			
12/9/06 JANETL CI	HUBB, ESQ	ATTURNEY FOR CLAIMA	NT		

Penalty for presenting fraudulent claim Fine of up to \$500,000 or imprisonment for up to 5 years or both 18 USC §§ 152 and 35°1

FORM B10 (Official Form 10) (10/05)				
United States Bankruptcy Court	Dist	RICT C	P Nevada	PROOF OF CLAIM
Name of Debtor		Veraber		
454 COMMERCIAL MORTGARE ED	100	9-1	4725-LB	R
NOTE It is form should not be used to make a claim for an administ of the case. A 'request' for payment of an administrative expense ma				nt
of the case. A respects for payment of an autimistrative exposes the	is ne then t	MISUMIN 1	0 11 0.MC, 9 10 1	
Name of Creditor (The person or other entity to whom the			you are aware that anyon a proof of claim relating	
debier on a money or property). Letter LAZATY-11			tuach copy of statement	
debier on a money or property). Jerept to English & CARELLAZAMINITY 12786 - NYELL > LLINK 158 42 53335		ig particu		
Name and address where notices should be sent			you have never received : the bankruptcy court in th	
Joseph 2 sports	case.			
1270 6 m MYER LV, ELMIRAGE 112 Telephone number 623 932 2760			the address differs from t e cavelope sent to you by	1.
Telephone number 623 733 2760	-	court.		THIS SPACE IS HIR COURT USE ONLY
Last four eights of account or other number by which creditor identifies debtor	1	ck here is claum	replaces	/ filed claim, dated
	L			
I. Best for Clams Goods sold		-	euree benefits as defined ages salanes, and comp	ensation (fill out below)
Services performed		III L	est four digits of your St	*
Money loaned		U	npaid compensation for	services performed
Personal myury/wrongful death		fr	om(date)	to(date)
Taxes See Exhibit A			(date)	(one)
2. Date debt was incurred.	3.	If cou	rt judgment, date obta	ined
4. Classification of Claim. Check the appropriate box or boxes the	us heet dies	ershe vou	r claim and clote the am	and of the class at the time case file
Sec severas side for amondant explanations.	MES ENGINE COM		ed Cinim	while for the remain on the fille page three
Unseparted Nonpriority Claim \$ 764,812, 74			and the same of th	and appropriate authorized for studion
Chec i this box if a) there is no collateral or lien securing you		a righ	t of scioff)	um is secured by collateral (including
b) your claim exceeds the value of the property securing n, or if c) only part o' your claim is entitled to priority	HOME OF		Bnef Description of Coll	aterai
Unsecured Priority Claim			Real Estate Me	otor Vehicle Other
Check this box if you have an unsecured claim, all or part of v	which is		Value of Collateral 5_	urkien J
entitled to prinority		Amou	nt of arrearage and other	charges at time case filed included in
Amount cut tied to priority \$;	secure	ed claim, if any \$ /C	7,344
Specify the promity of the claim.				purchase, lease, or rental of property
Domestic support obligations under 11 U.S.C. § 507(a)(1)(A) of	yr	§ 507(a		or household use - 11 U.S.C.
(a)(1)(B)				nmental units - 11 U.S.C. § 507(a)(8)
Wages salaries or commissions (up to \$10,000),* earned with days before /fling of the bankruptcy petition or cessation of the debi business, whichever is earlier - 11 U.S.C. § 507(a)(4)	n 180			raph of 11 USC \$ 507(a)()
business, wh chever is earlier - 11 USC § 507(a)(4)	**A#			n 4/1/07 and every 3 years thereafter
Contributions to an employee benefit plan - 11 U.S.C. § 507(a)(5)	with res	pect to cases commenced	on or after the date of adjustment.
5. Total knount of Claim at Time Case Filed.	٤	704 areeds	812 14 704,817	14 704,812 14
Check this box if claim includes interest or other charges in additional charges.	dition to th			(priority) (Total) Attach demized statement of all
6. Credits: The amount of all payments on this claim has been	credited a	nd dedu	cted for the purpose of	THIS SPACE IS NOR COURT USE ONLY
making this proof of claim.				
7 Supporting Documents: Attach copies of supporting documents, invoices itemized statements of running accounts, contral	<i>ents,</i> Such : acts <i>c</i> ount :	as promi uidemen	ssory notes, purchase	FILER LAN 1 4
agreements, and evidence of perfection of Iten DO NOT SEN	ID ORIGI	VAL DO	CUMENTS If the	FILED JAN 11 20
document; are not available, explain. If the documents are voluminous attach a summary				
8. Date-Stamped Copy: To receive an acknowledgment of the filing of your claim enclose a stamped, self- addressed suvelope and copy of this proof of claim.				
Date Sign and point the name and title if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any):				
1-8-07 Joyl & happel Care	lag	_	ulla	
Breader for a property breaded and the second of the secon		11		

	Refer 00/13/11 17.00.42 Fage 12 01 12				
PROOF OF CLAIM YOUR CLAIM IS SCHEDULED A					
Name of Debtor Case No	Imber Schedule/Claim ID s32786 Amount/Classification				
USA Commercial Mortgage Company 06-10	725-LBR				
	\$57 609 45 Unsecured				
NOTE See Reverse for List of Debtors and Case Numbers This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503 Name of Creditor and Address: ZAWACKI A CALIFORNIA LLC PO BOX 5156 BEAR VALLEY, CA 95223-5156	Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach copy of statement giving particulars. The amounts reflected above constitute your claim as scheduled by the Debtor or pursuant to a filed claim. If you agree with the amounts set forth herein, and have no other claim against the Debtor, you do not need to file this proof of claim except as stated below. If the amounts shown above are listed as Contingent, Unliquidated or Disputed, a proof of claim must be filled. If you have already filed a proof of claim with the Bankruptoy Court or BMC. you do not need to file again.				
2 In Tale Loro Newbort	envelope sent to you by the court. THIS SPACE IS FOR COURT USE ONLY				
Creditor Telephone Number () Last four digits of account or other number by which creditor identifies debtor	roplanes				
5643 5402	Check here replaces a previously filed claim dated or or amends				
1 BASIS FOR CLAIM	benefits as defined in 11 U.S.C. § 1114(a) Unremitted principal				
Goods sold Personal injury/wrongful death Wages,	salaries, and compensation (fill out below) Other claims against servicer				
Last four digits of your SS #					
Money loaned Unpaid A TACHED Unpaid	compensation for services pendimed from				
	COURT JUDGMENT, DATE OBTAINED				
4 CLASSIFICATION OF CLAIM Check the appropriate box or boxes that best descri	the your claim and state the amount of the claim at the time case filed				
Sce reverse side for important explanations UNSECURED NONPRIORITY CLAIM \$	SECURED CLAIM Check this box if your claim is secured by collateral (including a right of setoff) Brief description of collateral				
Check this box if you have an unsecured claim all or part of which is	Real Estate Motor Vehicle Other				
antitled to priority Amount entitled to priority \$	Value of Collateral \$				
Specify the priority of the claim	secured claim, if any: \$ 1,500,000,00				
1"	Up to \$2,225° of deposits toward purchase, lease, or rental of property or services for personal, family or household use -11 U S C § 507(a)(7)				
Wages sataries, or commissions (up to \$10 000)", earned within 180 days before filing of the bankruptcy petition or cessation of the debtor's	Taxes or ponalties owed to governmental units - 11 U.S.C. § 507(a)(6)				
business, whichever is earlier - 11 USC § 507(a)(4) Contributions to an employee benefit plan 11 USC § 507(a)(5)	Other - Specify applicable paragraph of 11 U S C				
- Activity to mit dishulan activity in a 2 day (-1/4)	" Amounts are subject to adjustment on 4/1/07 and every 3 years thereafter with respect to cases commenced on or after the date of adjustment				
AT TIME CASE EN ED	\$ 1,500,000,00				
(bnsecured)	(secured) (priority) (Total) All amount of the claim. Attach itemized statement of all interest or additional charges.				
6 CREDITS The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim 7 SUPPORTING DOCUMENTS Attach copies of supporting documents, such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, mortgages, security agreements, and evidence of perfection of lien DO NOT SEND ORIGINAL DOCUMENTS if the documents are not available, explain if the documents are voluminous, attach a summary 8 DATE-STAMPED COPY To receive an acknowledgment of the filing of your claim, enclose a stamped self-addressed envelope and copy of this proof of claim					
The original of this completed proof of claim form must be sent by mai ACCEPTED) so that it is actually received on or before 5 00 pm, prevail for each person or entity (including individuals, partnerships, corporate	ling Pacific time, on November 13, 2006 USE ONLY lions, joint ventures, trusts and				
	D OR OVERNIGHT DELIVERY TO OUT FILED JAN 1 3 2007				
Attn USACM Claims Docketing Center 'Attn US P O Box 911 1330 Ea	st Franklin Avenue				
El Segundo, CA 90245-0911 El Segu	ndo, CA 90245				
DATE SIGN and print the name and title lif any of the creditor of this claim (attach copy of power of attorney, if any) WAR TO THE IT ANY OF THE PROPERTY OF	TO VECSON 1072502299				

Penalty for presenting fraudulent claim is a fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U S C \$\$ 152 AND 3571